

REQUEST FOR PUBLIC RECORDS
MICHIGAN FREEDOM OF INFORMATION ACT

(Print or Type Your Request)

TO BE COMPLETED BY REQUESTER		METHOD OF ACCESS TO RECORD	
NAME OF PERSON MAKING REQUEST		<input type="checkbox"/> MAIL TO REQUESTER <input type="checkbox"/> MAIL TO (If Different Than Requester)	
COMPANY REPRESENTING		STREET ADDRESS	
STREET ADDRESS		CITY	
CITY		STATE	ZIP CODE
STATE	ZIP CODE	<input type="checkbox"/> INSPECT COPIES AT (M.S.P. Location)	
PHONE NUMBER		SIGNATURE OF REQUESTOR	DATE
YOUR CLIENT OR INSURED		STATE POLICE WORK UNIT USE ONLY	
YOUR FILE NUMBER		OFFICIAL RECEIVING REQUEST	
TYPE OF REPORT REQUESTED		WORK UNIT	DATE RECEIVED
<input type="checkbox"/> INCIDENT REPORT # _____ <input type="checkbox"/> CRIMINAL HISTORY RECORD <input type="checkbox"/> OTHER		METHOD OF REQUEST <input type="checkbox"/> LETTER <input type="checkbox"/> TX <input type="checkbox"/> IN PERSON <input type="checkbox"/> FROM CRD	
NAME REFERRED TO IN RECORD		ACTION TAKEN	
SID NUMBER	FBI NUMBER	<input type="checkbox"/> DOCUMENT PROVIDED AT WORK SITE	
DATE OF BIRTH	DRIVER'S LICENSE NUMBER	<input type="checkbox"/> COPY OF REQUESTED RECORD TO CRIMINAL JUSTICE INFORMATION CENTER	
SOCIAL SECURITY NUMBER (Voluntary)*		<input type="checkbox"/> REQUESTED RECORDS UNAVAILABLE AT WORK SITE. REQUEST FORWARDED TO CRIMINAL JUSTICE INFORMATION CENTER	
PRISON NUMBER (If Any)		<input type="checkbox"/> OTHER	
DATE OF EVENT (Month / Day / Year)		SUPERVISING OFFICER'S RECOMMENDATIONS	
LOCATION OF EVENT (Street / City / ZIP)		<input type="checkbox"/> RELEASE <input type="checkbox"/> EXEMPT/DENY (Attach RI-109)	
SPECIFIC EVENT TO WHICH RECORD REFERS		SIGNATURE	DATE
		DISTRICT/POST/SECTION/UNIT	
		CRIMINAL JUSTICE INFORMATION CENTER USE ONLY	
		FILE NUMBER	DATE RECEIVED

AUTHORITY: 1976 PA 442
COMPLIANCE: Voluntary

* This information is CONFIDENTIAL.
Disclosure of CONFIDENTIAL
Information is protected by the
Federal Privacy Act.

MACHINE COPY AS NEEDED